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Bib Data Sheet

CONFIRMATION NO. 2762

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|------------------------------------|---|---------------------|-------------------------------|-------------------------------------|
| <b>SERIAL NUMBER</b><br>10/713,843 | <b>FILING OR 371(c) DATE</b><br>11/15/2003<br><b>RULE</b> | <b>CLASS</b><br>424 | <b>GROUP ART UNIT</b><br>1617 | <b>ATTORNEY DOCKET NO.</b><br>02.14 |
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/426,608 11/15/2002 *SM*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

02/11/2004

|   |                               |                            |                           |                                |
|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>NY | <b>SHEETS DRAWING</b><br>1 | <b>TOTAL CLAIMS</b><br>24 | <b>INDEPENDENT CLAIMS</b><br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                           |                                |
| Verified and Acknowledged<br><i>[Signature]</i><br>Examiner's Signature Initials  |                               |                            |                           |                                |

## ADDRESS

23487

## TITLE

Transparent concealing cosmetic compositions

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|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>928 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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